



Real People. Real Possibilities:

DON SCHONHARDT, MAYOR

Public Service  
Department

revised for 2015

Zoning Application/Certificate

(non-refundable)

|                     |      |
|---------------------|------|
| Residential         | \$50 |
| Commercial          | \$70 |
| Occupancy Walk-thru | \$75 |
| 614.334.2447        |      |

**ONE (1) COPY OF A SCALED SITE PLAN & FLOOR PLAN DRAWNG, IN INK, MUST ACCOMPANY THIS APPLICATION**, including all current structures, property lines, setbacks, and easements in addition to all proposed structures and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and will be returned to the applicant (not required for sign renewals).

**I/We, the undersigned, hereby apply for a Zoning Certificate:**

|  |                    |
|--|--------------------|
| PROPERTY OWNER                                 | PHONE              |
| ADDRESS OF SUBJECT PROPERTY OR PARCEL ID       |                    |
| APPLICANT/AUTHORIZED REPRESENTATIVE            | PHONE              |
| ADDRESS OF APPLICANT/AUTHORIZED REPRESENTATIVE | APPLICANT'S E-MAIL |
| OCCUPANT:                                      | OCCUPANT'S E-MAIL  |

|   |  |
|---|--|
| <b>Description of Use:</b> (circle one)<br>Residential:      Single Family (1,2,3 units)<br>Multi-Family (4+ units)<br>Commercial:<br><b>Explain scope &amp; scale of intended use:</b> | <b>Present Use(s) on Land or in structures(s):</b><br><br>Present Zoning: _____<br>Total square footage of Building: _____ |
|---|--|

*(if vacant, so indicate, and state when vacancy began and what use was made of property before vacancy)*

**Required Signatures:** *(Notary services are available at the Building Division counter-Signee must be present)*

**OWNER AUTHORIZATION FOR REPRESENTATIVE– (PLEASE PRINT)**

I, \_\_\_\_\_, the Property Owner listed above, hereby authorize \_\_\_\_\_ to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.

**Signature of Current Property Owner (listed above):** \_\_\_\_\_  
  
**NOTARY STAMP**      Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public \_\_\_\_\_

**APPLICANT'S AFFIDAVIT – (PLEASE PRINT)**

I, \_\_\_\_\_, the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

**Signature of Applicant or Authorized Representative:** \_\_\_\_\_  
  
**NOTARY STAMP**      Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public \_\_\_\_\_

**FOR OFFICE USE ONLY**

☐ Existing Use Certified (NC)   ☐ Occupancy Walk-thru required   ☐ Zoning Cert. not required ("X")

Zoning Certificate Number Assigned:

Authorized Signature

Date

Routing: to City Planner with plan review

Routing for occupancy walk-thru: Via e-mail - CBO / City Planner/ Zoning Code Enforcement / NTFD